IPDR6702			·	NORTH CAROLINA		PAGE	: 1	
RUN DATE	: 01/15/2006			S CHECKWRITE SUMMARY REPORT				
			CI	HECKWRITE DATE: 01/18/2006 FINANCIAL PAYER: NCDMH				
						1		
							TOTAL	TOTAL
PROVIDER NUMBER		HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC	TOTAL	CLAIMS	CLAIMS
NORDEK	PROVIDER NAME	EOBS	DENTALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404901	SMOKY MOUNTAINM	8505	2	CLAIM DENIED DUE TO INSUFFICIE				
	H/DD/SAS			NT BUDGET				
		0	0					
		U	U		0	2	2	(
3404904	WESTERN HIGHLAN	191	50	CLIENT ID NUMBER DOES NOT MATC				
	DS LME			H PATIENT NAME				
		11	31	CLIENT NOT ELIGIBLE ON SERVICE				
		11	31	DATE	0	119	11878	11759
		8537	25	PROCEDURE IS NOT PAYABLE FOR Y				
				OUR PROVIDER TYPE AND				
		+		SPECIALTY IN ACCORDANCE TO MEN		 		<u> </u>
3404910	PATHWAYS	8505	337	CLAIM DENIED DUE TO INSUFFICIE		 		
				NT BUDGET		1		
		70	202	THE CHANGE TO NOT BELLEVILLE				
		79	203	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING	5	1138	7792	6652
		+	+	PROVIDER TYPE AND SPECIALTY IN		 		
		8534	199	SERVICE FACILITY LOCATION IS N				
				OT A VALID IPRS ATTENDING				
				PROVIDER. PLEASE VERIFY THE F				
3404912		8931	136	AMTNC INELIGIBLE TO RECEIVE SE				
3404912	CATAWBA COUNTYM ENTAL HEALT	0331	130	RVICES IN IPRS.				
	ENIAL REALI							
		11	18	CLIENT NOT ELIGIBLE ON SERVICE	138	183	1301	1118
				DATE				
		8599	13	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404913	MECKLENBURG COM	8599	76	DETAIL NOT COVERED BY COMBINAT				
	ENTAL HEALT			ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		11	23	CLIENT NOT ELIGIBLE ON SERVICE	17	116	309	193
				DATE				
		8932	12	CMTNC INELIGIBLE TO RECEIVE SE		 		<u> </u>
				RVICES IN IPRS.		 		
			_			1		
3404916	CROSSROADS BEHA	21	1144	DUPLICATE OF CLAIM-SYSTEM				
	VIORAL HEAL							
		+	+			 		
		8599	28	DETAIL NOT COVERED BY COMBINAT	0	1174	1202	28
				ION OF RECIPIENT, PROVIDER AND		2274	1202	20
				BENEFIT PACKAGE.				
		101	2	CLAND TO MINDED DODG				
		191	2	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME		-		
		+	+	* AMAZENI WANE		 		
3404917	CENTERPOINT HUM	8518	296	CLAIM DENIED, SUBMITTED BEYOND				
	AN SERVICES			FILING TIMELIMIT. PRIOR				
				FISCAL YEAR DOS (JULY 1 - JUNE				
		21	114	DUPLICATE OF CLAIM-SYSTEM		 		<u> </u>
					37	450	521	71
		+	+			 		
		8931	36	AMTNC INELIGIBLE TO RECEIVE SE				
		1		RVICES IN IPRS.		1		

Process Proc		I	II.	ı	T				
Marche Marche March Ma	PROVIDER		HIGH DENIAL	NUMBER OF		marc	moma r	TOTAL	TOTAL
MATERIAL MATERIAL Material		PROVIDER NAME	-		DESCRIPTION				
1400000 1000000000000000000000000000									
14991 1100	3404918		0	0	*** NO DATA TO REPORT ***				
14 14 14 14 14 14 14 14		ENTAL HEALT							
14 14 14 14 14 14 14 14									
14 14 14 14 14 14 14 14			0	0		0	0	0	0
14 14 14 14 14 14 14 14									
14 14 14 14 14 14 14 14	3404919	CHILL BODD, GO MEN	21	1155	DUPLICATE OF CLAIM-SYSTEM				
1	3404313		A-A	2200	DOLLAR OF CHILD OF CHILD				
1									
1									
			8535	260		42	1615	11875	10260
1997 1997									
100 OF PRINTERS, MEDICAL 100 1									
MARKED 12 12 12 12 12 12 12 1			8599	61					
AMANUS CAMES 1									
MARK NO					BENEFIT PACKAGE.				
LAMAN ME D	3404920	ALAMANCE CASWEL	21	322	DUPLICATE OF CLAIM-SYSTEM				
SOUTH PERSONNELS 1									
			9500	216	DETAIL MOT COMEDED BY COMPANY				
			0233	410		32	930	2935	2005
15 OATE 154 155 156 15									
100421									
NORTH NORT			11	184					
					DATE			-	
									-
	3404921	ORANGE PERSON C	21	238	DUPLICATE OF CLAIM-SYSTEM				-
1010 1143 101 102 103 10									
DED									
SECONDARY SECO									
14			5312	159		8	1014	11413	10399
NOT INCLOSED IN YOUR 837.					DED				
NOT INCLOSED IN YOUR 837.									
			8535	142	SERVICE FACILITY LOCATION WAS				
1									
BE					PLEASE RESUBMIT YOUR CLAIM WIT				
BE	3404922		8535	438	SERVICE FACILITY LOCATION WAS				
PARSE RESUMBLY YORS CLAIM WIT									
		244							
NAME			21	207	DUPLICATE OF CLAIM-SYSTEM	0	938	2304	1366
NAME									
NAME									
3404233 FIVE COUNTY MN 11 291 CLIENT NOT ELIGIBLE ON SERVICE			11	143	CLIENT NOT ELIGIBLE ON SERVICE				
DATE					DATE				
	3404923		11	291	CLIENT NOT FLIGIBLE ON SERVICE				
21 218 DUPLICATE OF CLAIM-SYSTEM 0 853 2384 15 8000 115 NO RATE AVAILABLE ON FILE TO F RICE THIS CLAIM DETAIL	3404323	FIVE COUNTY MH							
100 115 NO RATE AVAILABLE ON FILE TO P									
3000 115 NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL 3000 115 NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL 3404925 SANDHILLS CENTE 21 382 DUPLICATE OF CLAIM-SYSTEM 8599 309 DETAIL NOT COVERED BY COMBINAT 46 1527 8569 70 100 OF RECIPIENT, PROVIDER AND 8ENEFIT PACKAGE. 3518 192 CLAIM DENIED, SUBMITTED BEYOND FILING THELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE 3404926 SOUTHEASTERN RE 9535 266 SERVICE FACILITY LOCATION WAS G MENTAL HL NOT INCLUDED IN YOUR 837. PLEASE RESUMIT YOUR CLAIM WIT 3599 198 DETAIL NOT COVERED BY COMBINAT 0 534 4301 37 100 OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.									
A004925 SANDHILLS CENTE 21 382 DUPLICATE OF CLAIM-SYSTEM R FOR MM/DD 8599 309 DETAIL NOT COVERED BY COMBINAT 46 1527 8569 70 10N OF RECIPIENT, PROVIDER AND 8518 192 CLAIM DENIELD, SUBMITTED BEYOND FILMS TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE 8509 SULTHEASTERN RE 5535 266 SERVICE FACILITY LOCATION WAS G MENTAL WI. 8599 198 DETAIL NOT COVERED BY COMBINAT O 534 4301 37 ION OF RECIPIENT, PROVIDER AND 6599 198 DETAIL NOT COVERED BY COMBINAT O 534 4301 37			21	218	DUPLICATE OF CLAIM-SYSTEM	0	853	2384	1531
A004925 SANDHILLS CENTE 21 382 DUPLICATE OF CLAIM-SYSTEM R FOR MM/DD 8599 309 DETAIL NOT COVERED BY COMBINAT 46 1527 8569 70 10N OF RECIPIENT, PROVIDER AND 8518 192 CLAIM DENIELD, SUBMITTED BEYOND FILMS TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE 8509 SULTHEASTERN RE 5535 266 SERVICE FACILITY LOCATION WAS G MENTAL WI. 8599 198 DETAIL NOT COVERED BY COMBINAT O 534 4301 37 ION OF RECIPIENT, PROVIDER AND 6599 198 DETAIL NOT COVERED BY COMBINAT O 534 4301 37									-
A004925 SANDHILLS CENTE 21 382 DUPLICATE OF CLAIM-SYSTEM R FOR MM/DD 8599 309 DETAIL NOT COVERED BY COMBINAT 46 1527 8569 70 10N OF RECIPIENT, PROVIDER AND 8518 192 CLAIM DENIELD, SUBMITTED BEYOND FILMS TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE 8509 SULTHEASTERN RE 5535 266 SERVICE FACILITY LOCATION WAS G MENTAL WI. 8599 198 DETAIL NOT COVERED BY COMBINAT O 534 4301 37 ION OF RECIPIENT, PROVIDER AND 6599 198 DETAIL NOT COVERED BY COMBINAT O 534 4301 37									-
SANDHILLS CENTE 21 382 DUPLICATE OF CLAIM-SYSTEM			8000	115					
### R FOR MH/DD S599 309					RICE THIS CLAIM DETAIL				
### R FOR MH/DD S599 309									
### R FOR MH/DD S599 309	3404925		21	382	DUPLICATE OF CLAIM-SYSTEM				1
					TOTAL OF CAMERY CANADIS				-
ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. 8518 192 CLAIM DENIED, SUBMITTED BEYOND FILING TIRELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE 8535 266 SERVICE FACILITY LOCATION WAS NOT INCLUDED IN YOUR 837. G MENTAL HL 8599 198 DETAIL NOT COVERED BY COMBINAT 0 534 4301 37 ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.		N LON PIII/DD							
ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. 8518 192 CLAIM DENIED, SUBMITTED BEYOND FILING TIRELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE 8535 266 SERVICE FACILITY LOCATION WAS NOT INCLUDED IN YOUR 837. G MENTAL HL 8599 198 DETAIL NOT COVERED BY COMBINAT 0 534 4301 37 ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.									
BENEFIT PACKAGE. 8518 192 CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE 3404926 SOUTHEASTERN RE 8535 266 SERVICE FACILITY LOCATION WAS G MENTAL HL NOT INCLUDED IN YOUR 837. PLEASE RESUBMIT YOUR CLAIM WIT 8599 198 DETAIL NOT COVERED BY COMBINAT 0 534 4301 37 ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.			8599	309		46	1527	8569	7042
8518 192 CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE 404926 SOUTHEASTERN RE 8555 266 SERVICE FACILITY LOCATION WAS G MENTAL NL FLEASE RESURNIT YOUR CLAIM WIT FLEASE RESURNIT YOUR CLAIM WIT 8599 198 DETAIL NOT COVERED BY COMBINAT O 534 4301 37 ION OF RECIPIENT, PROVIDER AND									
FILING TIMELINIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE 3404926 SOUTHEASTERN RE 8535 266 SERVICE FACILITY LOCATION WAS G MENTAL HL NOT INCLUDED IN YOUR 837. FLEASE RESUMNIT YOUR CLAIM WIT 8599 198 DETAIL NOT COVERED BY COMMINAT 0 534 4301 37 ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.					DENNE . FRURRUE.				-
FILING TIMELINIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE 3404926 SOUTHEASTERN RE 8535 266 SERVICE FACILITY LOCATION WAS G MENTAL HL NOT INCLUDED IN YOUR 837. FLEASE RESUMNIT YOUR CLAIM WIT 8599 198 DETAIL NOT COVERED BY COMMINAT 0 534 4301 37 ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.			8518	192	CLAIM DENIED, SUBMITTED BEYOND				
3404926 SOUTHEASTERN RE 8535 266 SERVICE FACILITY LOCATION WAS MOT INCLUDED IN YOUR 837. FLEASE RESUBMIT YOUR CLAIM WIT 8599 198 DETAIL NOT COVERED BY COMBINAT 0 534 4301 37 ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.					FILING TIMELIMIT. PRIOR				
G MENTAL HL NOT INCLIDED IN YOUR 837. PEASE RESUBNIT YOUR CLAIM WIT 8599 198 DETAIL NOT COVERED BY COMBINAT 0 534 4301 37 ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.					FISCAL YEAR DOS (JULY 1 - JUNE				
G MENTAL HL NOT INCLIDED IN YOUR 837. PEASE RESUBNIT YOUR CLAIM WIT 8599 198 DETAIL NOT COVERED BY COMBINAT 0 534 4301 37 ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	3404034		0525	266	SERVICE PACTITMY TOCKMENT MAG				
PLEASE RESUBMIT YOUR CLAIM WIT 8599 198 DETAIL NOT COVERED BY COMBINAT 0 534 4301 37 ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	3404926		0035	∠00					-
8599 198 DETAIL NOT COVERED BY COMBINAT 0 534 4301 37 ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.		G MENTAL HL							-
ION OF RECEPTENT, PROVIDER AND BENEFIT PACKAGE.									1
ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.			8599	198		0	534	4301	3767
21 39 DUPLICATE OF CLAIM-SYSTEM					BENEFIT PACKAGE.				
			21	39	DUPLICATE OF CLAIM-SYSTEM				-
<u> </u>									

							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
		0505	470					
3404927	CUMBERLAND CO M	8505	478	CLAIM DENIED DUE TO INSUFFICIE				
	HC			NT BUDGET				
		21	86	DUPLICATE OF CLAIM-SYSTEM		771	3387	261
					U	//1	3387	261
		8535	84	SERVICE FACILITY LOCATION WAS				
				NOT INCLUDED IN YOUR 837.				
				PLEASE RESUBMIT YOUR CLAIM WIT				
3404929	LEE HARNETT MH/	0	0	*** NO DATA TO REPORT ***				
	DD/SAS							
			0					
		0	U		0	0	0	
3404930	TOUNGTON COUNTY	8518	97	CLAIM DENIED, SUBMITTED BEYOND				
	JOHNSTON COUNTY MNTL HLTHC			FILING TIMELIMIT. PRIOR				
	MNIL HEINC			FISCAL YEAR DOS (JULY 1 - JUNE				
		1						
		8599	58	DETAIL NOT COVERED BY COMBINAT	67	297	2519	222
				ION OF RECIPIENT, PROVIDER AND				
		<u> </u>		BENEFIT PACKAGE.				
		8931	44	AMTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
3404931		11	220	CLIENT NOT ELIGIBLE ON SERVICE				
3404931	WAKE CO HUM SVC	11	220					
	BILLING OF			DATE				
		21	194	DUPLICATE OF CLAIM-SYSTEM	25	604	4411	200
					23	604	4411	380
		8599	76	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404933	SOUTHEASTERN CT	21	172	DUPLICATE OF CLAIM-SYSTEM				
	R FOR MH/DD							
		8599	154	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	16	487	2051	156
				BENEFIT PACKAGE.				
				BENEFIT PACKAGE.				
		8535	56	SERVICE FACILITY LOCATION WAS				
		0333	50	NOT INCLUDED IN YOUR 837.				
				PLEASE RESUBMIT YOUR CLAIM WIT				
3404934	ONSLOW CARTERET	11	158	CLIENT NOT ELIGIBLE ON SERVICE				l
	BEHAV HEAL			DATE				
	_							l
		21	36	DUPLICATE OF CLAIM-SYSTEM	0	218	233	1
		1						
		8535	24	SERVICE FACILITY LOCATION WAS				
	1	1		NOT INCLUDED IN YOUR 837.				
		1		PLEASE RESUBMIT YOUR CLAIM WIT				ļ
3404935	MAYNE GO MESSES	0	0	*** NO DATA TO REPORT ***				-
	WAYNE CO MENTAL	1			1		1	-
	HEALTH CTR							
				<u> </u>				
		0	0		0	0	0	
		1						
		1						
3404936	WILSON-GREENE M	21	57	DUPLICATE OF CLAIM-SYSTEM				
	ENTAL HEALT							
		79	34	THIS SERVICE IS NOT PAYABLE TO	14	116	3550	343
				YOUR SUBMITTED BILLING				
				PROVIDER TYPE AND SPECIALTY IN				
		8932	7	CMTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
			ļ					
		1	1		1	l .	<u> </u>	L

		1				ı		
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
	PROVIDER WANE				DENTALS	DENTALS	FINALIZED	FAID
3404937	EDGECOMBE NASH	8518	395	CLAIM DENIED, SUBMITTED BEYOND				
	MNTL HLTH C			FILING TIMELIMIT. PRIOR				
				FISCAL YEAR DOS (JULY 1 - JUNE				
		21	79	DUPLICATE OF CLAIM-SYSTEM	1	538	807	26
		79	59	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING				
				PROVIDER TYPE AND SPECIALTY IN				
				THOUSEN THE TIME OF BUILDING TH				
3404938	WCDW DDA DIWEDS	0	0	*** NO DATA TO REPORT ***				
	VGFW DBA RIVERS TONE COUNSE							
		0	0		0	0	0	
3404939	NEUSE MENTAL HE	8599	25	DETAIL NOT COVERED BY COMBINAT				
	ALTH CENTER			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		11	15	CLIENT NOT ELIGIBLE ON SERVICE				
		**	13		0	60	1137	107
		1	-	DATE				
		+	-					
	1	8535	7	SERVICE FACILITY LOCATION WAS	1		1	
	1			NOT INCLUDED IN YOUR 837.	1		1	
		+	1	PLEASE RESUBMIT YOUR CLAIM WIT				-
		+						
3404941	PITT CO MH/DD/S	27	373	DIAGNOSIS CODE MISSING OR INVA				
	AS CENTER			LID. VERIFY AND ENTER THE				
				CORRECT DIAGNOSIS CODE AND SUB				
		191	57	CLIENT ID NUMBER DOES NOT MATC	0	499	1872	137
				H PATIENT NAME				
		8599	57	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404942		21	111	DUPLICATE OF CLAIM-SYSTEM				
3404342	ROANOKE CHOWANH	2.1	111	BOTHICKIE OF CHAIN-SISIEM				
	UMAN SERVIC							
	+	8599	62	DETAIL NOT COVERED BY COMBINAT	17	234	2919	268
				ION OF RECIPIENT, PROVIDER AND		234	2323	200
				BENEFIT PACKAGE.				
		8535	36	SERVICE FACILITY LOCATION WAS				
				NOT INCLUDED IN YOUR 837.				
				PLEASE RESUBMIT YOUR CLAIM WIT				
3404943	ALBEMARLE MENTA	21	160	DUPLICATE OF CLAIM-SYSTEM				
	L HEALTH CE							
		0525	0.2	annutan maattamy toodant				
	1	8535	82	SERVICE FACILITY LOCATION WAS	45	419	1403	98
	1	+		NOT INCLUDED IN YOUR 837.	1		1	
		1		PLEASE RESUBMIT YOUR CLAIM WIT				-
		79	59	THIS SERVICE IS NOT PAYABLE TO				
	1	-	1	YOUR SUBMITTED BILLING				1
	+	1		PROVIDER TYPE AND SPECIALTY IN	 			
								1
3404944	EASTPOINTE HIMA	8535	279	SERVICE FACILITY LOCATION WAS				
3404944	EASTPOINTE HUMA N SERVICES	8535	279					
3404944	EASTPOINTE HUMA N SERVICES	8535	279	SERVICE FACILITY LOCATION WAS				
3404944		8535	279	SERVICE FACILITY LOCATION WAS NOT INCLUDED IN YOUR 837.				
3404944		8535 8599	279	SERVICE FACILITY LOCATION WAS NOT INCLUDED IN YOUR 837. PLEASE RESUBMIT YOUR CLAIM WIT DETAIL NOT COVERED BY COMBINAT	1	581	2296	171
3404944				SERVICE FACILITY LOCATION WAS NOT INCLUDED IN YOUR 837. PLEASE RESUBMIT YOUR CLAIM WIT DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	1	581	2296	171
3404944				SERVICE FACILITY LOCATION WAS NOT INCLUDED IN YOUR 837. PLEASE RESUBMIT YOUR CLAIM WIT DETAIL NOT COVERED BY COMBINAT	1	581	2296	171!
3404944		8599	175	SERVICE FACILITY LOCATION WAS NOT INCLUDED IN YOUR 837. PLEASE RESUBMIT YOUR CLAIM WIT DETAIL NOT COVERED BY COMBINAT ION OF RECIFIENT, PROVIDER AND BENEFIT FACKAGE.	1	581	2296	171
3404944				SERVICE FACILITY LOCATION WAS NOT INCLUDED IN YOUR 837. PLEASE RESUBMIT YOUR CLAIM WIT DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	1	581	2296	171
3404944		8599	175	SERVICE FACILITY LOCATION WAS NOT INCLUDED IN YOUR 837. PLEASE RESUBMIT YOUR CLAIM WIT DETAIL NOT COVERED BY COMBINAT ION OF RECIFIENT, PROVIDER AND BENEFIT FACKAGE.	1	581	2296	171
3404944		8599	175	SERVICE FACILITY LOCATION WAS NOT INCLUDED IN YOUR 837. PLEASE RESUBMIT YOUR CLAIM WIT DETAIL NOT COVERED BY COMBINAT ION OF RECIFIENT, PROVIDER AND BENEFIT FACKAGE.	1	581	2296	171
	N SERVICES	8599 21	175	SERVICE FACILITY LOCATION WAS NOT INCLUDED IN YOUR 837. PLEASE RESUBMIT YOUR CLAIM WIT DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND SEMPFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM	1	581	2296	171
3404944	N SERVICES FOOTHILLS AREAM	8599	175	SERVICE FACILITY LOCATION WAS NOT INCLUDED IN YOUR 837. PLEASE RESUBMIT YOUR CLAIM WIT DETAIL NOT COVERED BY COMBINAT ION OF RECIFIENT, PROVIDER AND BENEFIT FACKAGE.	1	581	2296	171
	N SERVICES	8599 21	175	SERVICE FACILITY LOCATION WAS NOT INCLUDED IN YOUR 837. PLEASE RESUBMIT YOUR CLAIM WIT DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND SEMPFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM	1	581	2296	171
	N SERVICES FOOTHILLS AREAM	8599 21	175	SERVICE FACILITY LOCATION WAS NOT INCLUDED IN YOUR 837. PLEASE RESUBMIT YOUR CLAIM WIT DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND SEMPFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM	1	581	2296	171
	N SERVICES FOOTHILLS AREAM	21 21	175	SERVICE FACILITY LOCATION WAS NOT INCLUDED IN YOUR 837. PLEASE RESUBMIT YOUR CLAIM WIT DETAIL NOT COVERED BY COMBINAT ION OF RECIFIENT, PROVIDER AND BENEFIT FACKAGE. DUPLICATE OF CLAIM-SYSTEM DUPLICATE OF CLAIM-SYSTEM	1			
	N SERVICES FOOTHILLS AREAM	8599 21	175	SERVICE FACILITY LOCATION WAS NOT INCLUDED IN YOUR 837. PLEASE RESUBMIT YOUR CLAIM WIT DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND SEMPET PACKAGE. DUPLICATE OF CLAIM-SYSTEM DUPLICATE OF CLAIM-SYSTEM DUPLICATE OF CLAIM-SYSTEM	1	581	2296	
	N SERVICES FOOTHILLS AREAM	21 21	175	SERVICE FACILITY LOCATION WAS NOT INCLUDED IN YOUR 837. PLEASE RESUBMIT YOUR CLAIM WIT DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT FACKAGE. DUPLICATE OF CLAIM-SYSTEM DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	0			
	N SERVICES FOOTHILLS AREAM	21 21	175	SERVICE FACILITY LOCATION WAS NOT INCLUDED IN YOUR 837. PLEASE RESUBMIT YOUR CLAIM WIT DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND SEMPET PACKAGE. DUPLICATE OF CLAIM-SYSTEM DUPLICATE OF CLAIM-SYSTEM DUPLICATE OF CLAIM-SYSTEM	1			
	N SERVICES FOOTHILLS AREAM	8599 21 21 21 8599	175	SERVICE FACILITY LOCATION WAS NOT INCLUDED IN YOUR \$37. PLEASE RESUBMIT YOUR CLAIM WIT DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENNETIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0			
	N SERVICES FOOTHILLS AREAM	21 21	175	SERVICE FACILITY LOCATION WAS NOT INCLUDED IN YOUR 837. FLEASE RESUBMIT YOUR CLAIM MIT DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT FACKAGE. DUPLICATE OF CLAIM-SYSTEM DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT FACKAGE. CLIENT ONLY ENROLLED IN TRACKI	0			
	N SERVICES FOOTHILLS AREAM	8599 21 21 21 8599	175	SERVICE FACILITY LOCATION WAS NOT INCLUDED IN YOUR \$37. PLEASE RESUBMIT YOUR CLAIM WIT DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENNETIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM DUPLICATE OF CLAIM-SYSTEM DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0			171

							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404957	TIDELAND MENTAL	21	342	DUPLICATE OF CLAIM-SYSTEM				
	HEALTH CTR							
		191	50	CLIENT ID NUMBER DOES NOT MATC	3	410	758	341
				H PATIENT NAME				
		8599	6	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404979	NEW RIVER AREAM	8535	643	SERVICE FACILITY LOCATION WAS				
	H/DD/SA PRO			NOT INCLUDED IN YOUR 837.				
				PLEASE RESUBMIT YOUR CLAIM WIT				
		21	509	DUPLICATE OF CLAIM-SYSTEM	52	1390	5365	3975
					32	1390	3303	397.
		8599	75	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				l